

Community Hospital North

ISDH Annual Fiscal Report of an Acute Care Hospital

**Community Hospital North
Indianapolis, IN**

1/1/2006 to 12/31/2006

Statement One: Summary of Revenue and Expenses

| 1. Gross Patient Service Revenue | |
|-------------------------------------|---------------|
| Inpatient Patient Service Revenue | \$255,886,041 |
| Outpatient Patient Service Revenue | \$187,630,500 |
| Total Gross Patient Service Revenue | \$443,516,541 |
| 2. Deductions from Revenue | |
| Contractual Allowances | \$120,901,054 |
| Other Deductions | \$101,880,142 |
| Total Deductions | \$226,243,506 |
| 3. Total Operating Revenue | |
| Net Patient Service Revenue | \$217,273,035 |
| Other Operating Revenue | \$5,476,533 |
| Total Operating Revenue | \$222,749,568 |
| 4. Operating Expenses | |
| Salaries and Wages | \$57,022,998 |
| Employee Benefits and Taxes | \$12,395,963 |
| Depreciation and Amortization | \$8,693,039 |
| Interest Expenses | \$2,987,679 |
| Bad Debt | \$14,791,138 |
| Other Expenses | \$92,378,202 |
| Total Operating Expenses | \$188,269,019 |
| 5. Net Revenue and Expenses | |
| Net Operating Revenue over Expenses | \$34,480,549 |
| Net Non-operating Gains over Losses | \$ 0 |
| Total Net Gain over Loss | \$34,480,549 |
| 6. Assets and Liabilities | |
| Total Assets | \$285,372,602 |
| Total Liabilities | \$940,338 |

Statement Two: Contractual Allowances

| Revenue Source | Gross Patient Revenue | Contractual Allowances | Net Patient Service Revenue |
|----------------|-----------------------|------------------------|-----------------------------|
| Medicare | \$139,495,082 | \$94,420,965 | \$45,074,117 |
| Medicaid | \$35,405,105 | \$25,733,236 | \$9,671,869 |
| Other State | \$ | \$ | \$ |
| Local | \$ | \$ | \$ |

| | | | |
|----------------------|---------------|---------------|---------------|
| Government | | | |
| Commercial Insurance | \$268,616,354 | \$106,089,305 | \$162,527,049 |
| Total | \$443,516,541 | \$226,243,506 | \$217,273,035 |

Statement Three: Unique Specialized Hospital Funds

| Fund Category | Estimated Revenue from Others | Estimated Expenses to Others | Net Gain or Loss after Adjustment |
|---------------|-------------------------------|------------------------------|-----------------------------------|
| Donations | \$ | \$ | \$ |
| Research | \$ | \$ | \$ |

Number of Individuals Estimated by this Hospital that are Involved in Education

| | |
|--|--|
| Number of Medical Professionals Trained in this Hospital | |
| Number of Hospital Patients Educated in this Hospital | |
| Number of Citizens Exposed to Health Education Message | |